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U. S. DISTRICT COURT
EASTERN DISTRICT OF MO
ST. LOUIS

IN THE UNITED STATES DISTRICT COURT FOR THE
~~EASTERN~~ ~~WESTERN~~ DISTRICT OF MISSOURI

Jason Christopher Richter 1171187
(full name) (Register No.)

Plaintiff(s).

v.

ST. LOUIS CITY Jails (MSI) Workhouse
(Full name)

Defendant(s).

4:17CV00825 CDP

Defendants are sued in their (check one):

☐ Individual Capacity

☐ Official Capacity

☒ Both

COMPLAINT UNDER THE CIVIL RIGHTS ACT OF 42 U.S.C. § 1983

I. Place of present confinement of plaintiff(s): OZARK COMMUNITY CORRECTIONS
(O.C.C.) 1 year LONG TERM TREATMENT

II. Parties to this civil action:
Please give your commitment name and any another name(s) you have used while incarcerated.

A. Plaintiff Jason Richter Register No. 1171187
Address 929 HONOR Camp LN (O.C.C.)
Fordland Mo 65652

B. Defendant ST. LOUIS CITY Jails / MSI - Workhouse
200 N. TUCKER & 7600 HALL ST ST. LOUIS MO 63102
Is employed as holding Center for Missouri Circuit
COURT TWENTY-SECOND JUDICIAL CIRCUIT

For additional plaintiffs or defendants, provide above information in same format on a separate page.

- III. Do your claims involve medical treatment? Yes ☒ No ☐
- IV. Do you request a jury trial? Yes ☒ No ☐
- V. Do you request money damages? Yes ☒ No ☐
- State the amount claimed? \$100,000.00 (actual/punitive)

VI. Are the wrongs alleged in your complaint continuing to occur? Yes ☒ No ☐

VII. Grievance procedures:

A. Does your institution have an administrative or grievance procedure?

Yes ☒ No ☐

B. Have the claims in this case been presented through an administrative or grievance procedure within the institution?

Yes ☒ No ☐

C. If a grievance was filed, state the date your claims were presented, how they were presented, and the result of that procedure. (Attach a copy of the final result.)

D. If you have not filed a grievance, state the reasons.

I requested medical treatment on several occasions
and MSI denied receiving any thing from me and
finally after a peaceful protest I was X-rayed and given
partial treatment.

VIII. Previous civil actions:

A. Have you begun other cases in state or federal courts dealing with the same facts involved in this case?

Yes ☐ No ☒

B. Have you begun other cases in state or federal courts relating to the conditions of or treatment while incarcerated?

Yes ☐ No ☒

C. If your answer is "Yes," to either of the above questions, provide the following information for each case.

(1) Style: N/A
(Plaintiff) (Defendant)

(2) Date filed: N/A

- (3) Court where filed: N/A
- (4) Case Number and citation: N/A
- (5) Basic claim made: Deliberate indifference to medical needs.
- (6) Date of disposition: N/A
- (7) Disposition: N/A
- (8) If resolved, state whether for: N/A
(Pending) (on appeal) (resolved)
(Plaintiff or Defendant)

For additional cases, provide the above information in the same format on a separate page.

IX. Statement of claim:

- A. State here as briefly as possible the facts of your claim. Describe how each named defendant is involved. Include the names of other persons involved, dates and places. Describe specifically the injuries incurred. Do not give legal arguments or cite cases or statutes. You may do that in Item "B" below. If you allege related claims, number and set forth each claim in a separate paragraph. Use as much space as you need to state the facts. Attach extra sheets, if necessary. Unrelated separate claims should be raised in a separate civil action.

I was injured in MSI (ST. LOUIS CITY WORKHOUSE) I Broke my foot due to defective shoes by slipping and falling down a flight of steps. I asked for help and was denied and ended up having to reset the bone in my foot By My SELF. I finally after walking by ~~being~~ being forced and made to walk on my foot to medical because I told them it hurt too bad to walk. I limped to medical and had to lay on the floor refusing to walk while holding my BIBLE to show I was peaceful and after I was threatened ~~threatened~~ I was given X-rays and my foot was confirmed BROKEN (see enclosed court order) (see X-RAY Report)

- B. State briefly your legal theory or cite appropriate authority:

I could not get ~~any~~ proper treatment from the ST. LOUIS CITY WORKHOUSE they treated me with AN attitude of racism and hostility and even placed me in Segregation to keep me FROM contacting my family about their ~~negligence~~ Negligence, poor conditions and lack of ~~disregard~~ dis-regard for my pain and suffering. I finally had to get a COURT ORDER from my Judge and it was even ignored. I WAS sent to E.R.D.C.C. ~~instead~~ instead of ST. LOUIS CITY CORRECTIONS ABIDING BY the COURT ORDER.

X. Relief: State briefly exactly what you want the court to do for you. Make no legal arguments.
I WANT FINANCIAL COMPENSATION for being mis-treated,
pain and ~~REPERE~~ SUFFERING and violation of
the COURT ORDER.

XI. Counsel:

A. If someone other than a lawyer is assisting you in preparing this case, state the person's name. _____

B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action? Yes _____ No X

If your answer is "Yes," state the names(s) and address(es) of each lawyer contacted.

C. Have you previously had a lawyer representing you in a civil action in this court? Yes _____ No X

If your answer is "Yes," state the name and address of the lawyer.

I declare under penalty of perjury that the foregoing is true and correct.

Executed (signed) this 27 day of Feb 2017.

Jason Richter
Signature(s) of Plaintiff(s)

#1171187 O.C.C.

Fordland MO 65652